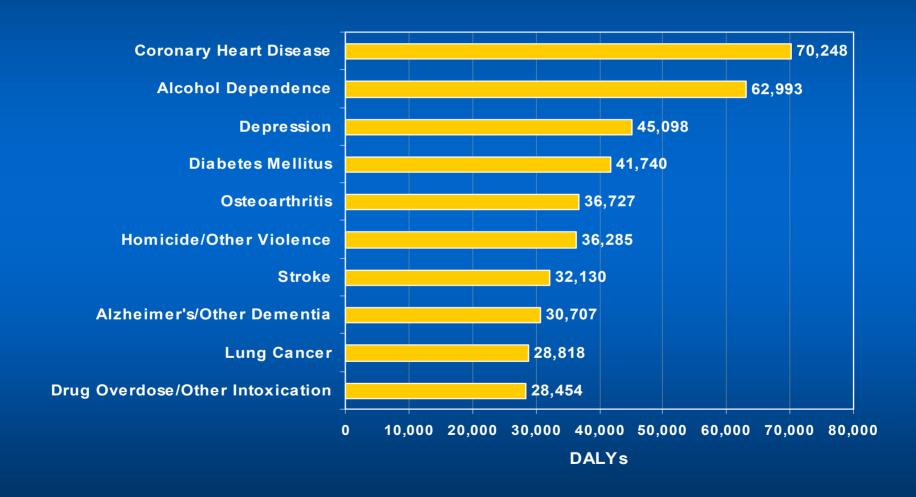
# Chronic Disease and Health Inequities: Los Angeles County Initiatives

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Los Angeles County Department of Public Health

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### Leading Causes of Disability-Adjusted Life Years (DALYs) in Los Angeles County, 1998



### Trends in the Leading Causes of Death, Los Angeles County, 1994-2003

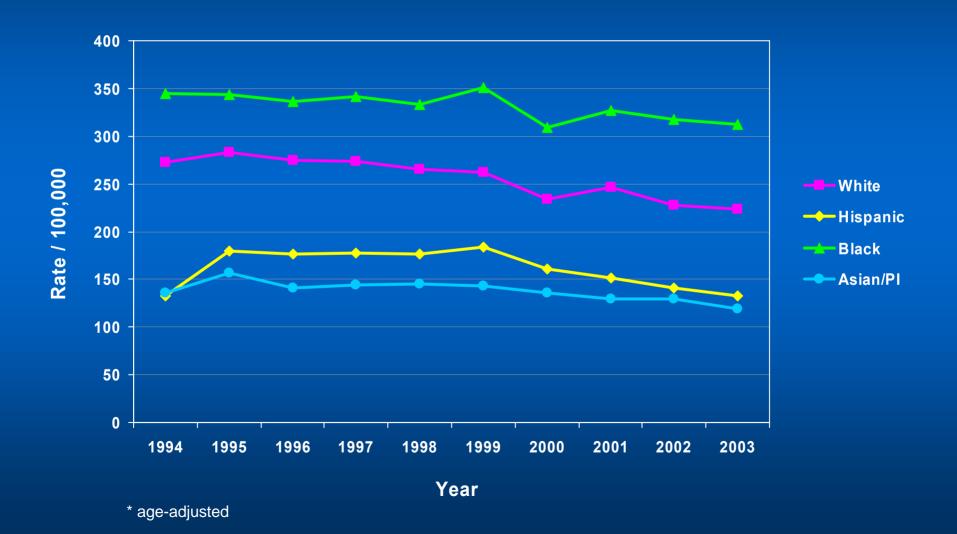
Rate (per 100,000) \*

Cause of death	<u>1994</u>	<u>2003</u>	Percent change
Coronary heart disease	276	196	-29.0
Stroke	63	51	-19.0
Lung cancer	47	38	-19.1
Emphysema	35	34	-2.9
Pneumonia/Influenza	44	29	-34.1
Diabetes	20	26	30.0
Colorectal Cancer	20	17	-15.0
Alzheimer's Disease	5	16	220.0
Breast Cancer	17	12	-29.4
Homicide	17	10	-41.2
HIV/AIDS	27	5	-81.5

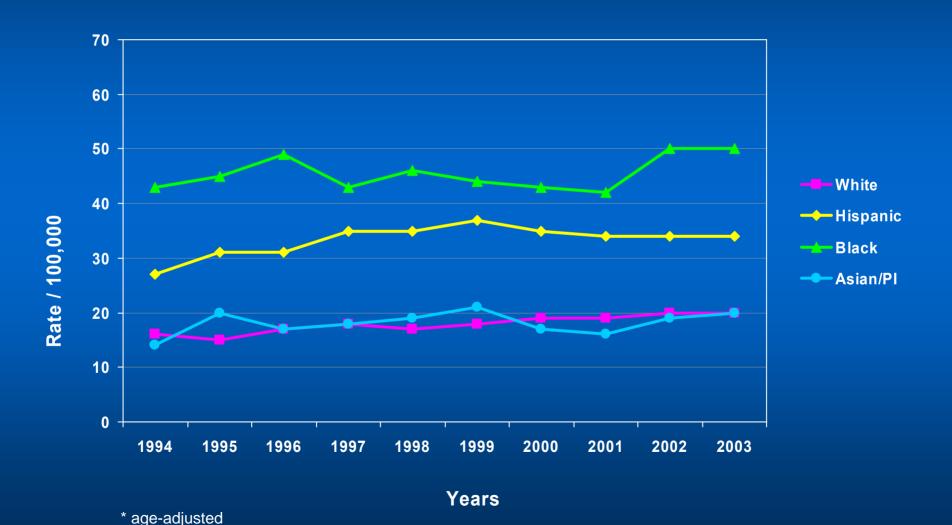


<sup>\*</sup> age-adjusted to year 2000 U.S. standard population

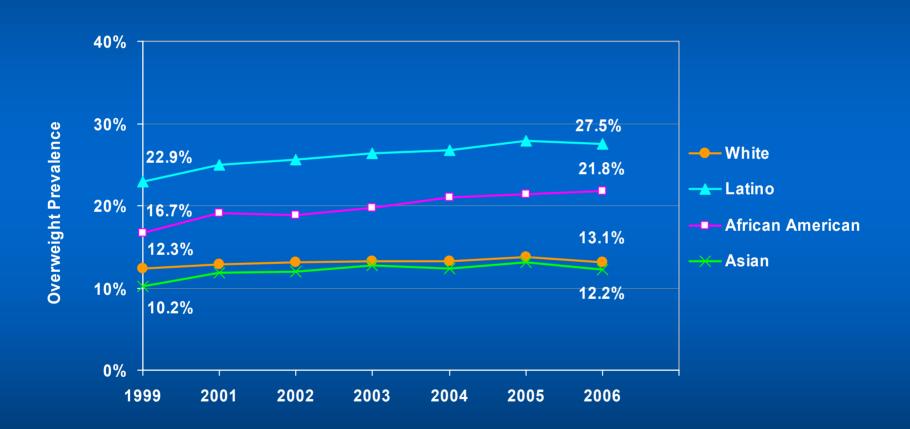
### Coronary Heart Disease Mortality\* by Race/Ethnicity, Los Angeles County, 1994-2003



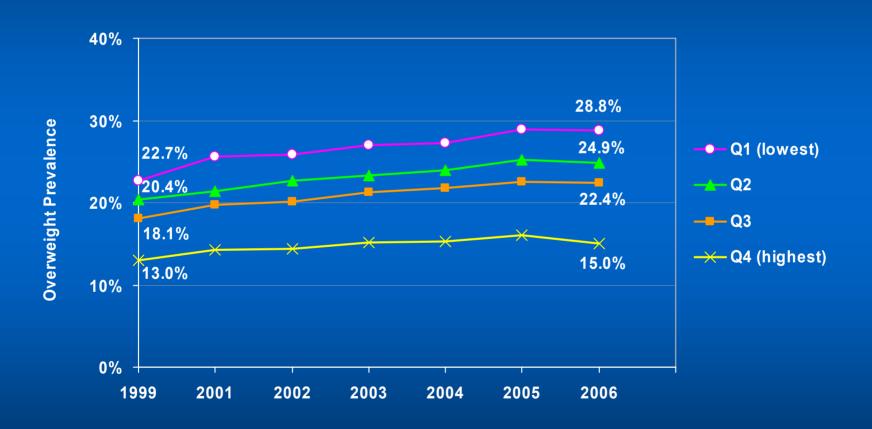
### Diabetes Mortality\* by Race/Ethnicity, Los Angeles County, 1994-2003



# Prevalence of Overweight Among Los Angeles County School Children by Race/Ethnicity, California Physical Fitness Testing 1999-2006



# Prevalence of Overweight Among Los Angeles County School Children by Census Tract Median Household Income, California Physical Fitness Testing 1999-2006



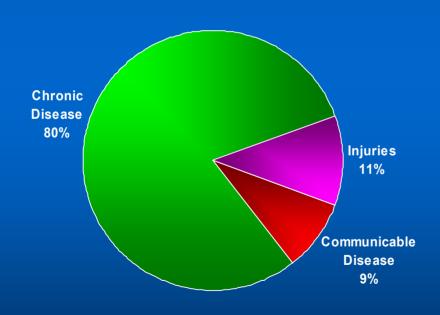
### Division of Chronic Disease and Injury Prevention

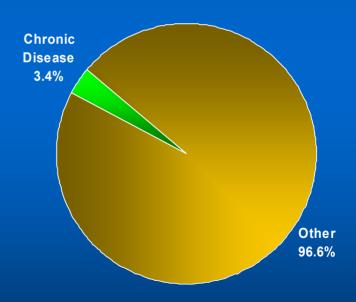
- Tobacco Control and Prevention Program
- Nutrition Program
- Physical Activity and Cardiovascular Health Program
- Injury and Violence Prevention Program
- Office of Senior Health
- PLACE Program (Policies for Livable, Active Communities and Environments)
- Office of Health Assessment and Epidemiology
- Toxics Epidemiology Program

### Distribution of Disease Burden (Based on DALYs) in Los Angeles County vs. Public Health Dept. Funding



#### **Public Health Funding**





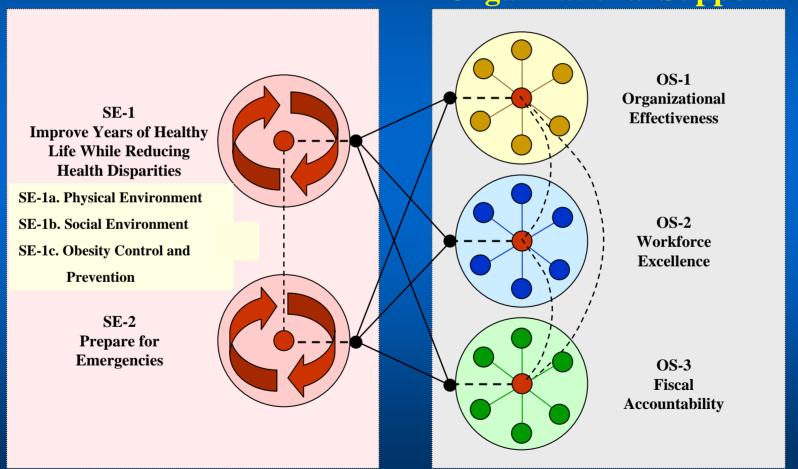
County of Los Angeles
Department of Health Services
Public Health



### Strategic Initiatives Matrix

**Service Excellence** 

**Organizational Support** 



### Strategic Planning: Physical Environment and Health

- Established a Physical Environment Work Group comprised of 29
   PH staff representing 13 programs and 4 area health offices
- Objective: develop a preliminary action plan
- Work group met approximately monthly between March-October 2005; additional sub-group meetings also convened
- Catalogued current activities and identified areas of duplication and opportunities for expanded efforts

### Physical Environment: Possible Focus Areas

- Community design and planning ("the built environment," "walkability," "active living")
- Parks and other recreational facilities/settings
- Transportation
- Nutrition environment
- Community redevelopment
- Air quality
- Water quality (drinking and recreational)

### Focus Areas (continued)

- Landfills
- Work settings
- Housing/home environments
- Specific toxic exposures (e.g., lead, mercury, pesticides)
- Sustainable energy/global warming
- Natural resources

# Need to Consider Related Health Outcomes and Potential Impact

For example, transportation focus has relevance for:

- Reducing heart disease, stroke, diabetes, and obesity (increased physical activity)
- Reducing cardiovascular disease and improving mental health (decreased stress)
- Reducing asthma, other respiratory disease, and heart disease (reduced air pollution)
- Reducing motor vehicle crash and pedestrian injuries (safer roads and neighborhoods, less time in cars)

### Selecting Focus Areas: Other Considerations

- Is there a legal mandate?
- Are we currently working in a given focus area and, if so, are there opportunities to improve or expand our work?
- For new areas, can we could add value to the efforts of others?
- How well prepared are we to work in a given area (technical expertise, staffing, infrastructure)?
- Feasibility and likelihood of success (e.g., given finite resources and needed external stakeholder support)?

### What is Our Role?

- Surveillance/tracking/assessment
- Public education
- Planning
- Convening
- Advocacy
- Policy development
- Evaluation
- Research

# Physical Environment Action Plan: Key Elements

- Cities and unincorporated areas (land use planning)
- Local and regional transportation
- Schools (e.g., AB 12 and AB 965 implementation; physical activity promotion)
- Workplaces
- Health impact assessment
- Public Health Department staff training
- Staff recruitment

#### **Initial Activities**

- Health reports (e.g., Premature Deaths from Heart Disease and Stroke in Los Angeles County: A Cities and Communities Health Report)
- Built environment and health workshops
- Community RFP to promote physical activity (750k annually for 3-5 yrs; 5 awards; requires city/community partnership; focus on land use policy)
- Working with the County's Dept of Regional Planning to incorporate public health principles into the General Plan
- Participation in the review and approval process for large multi-unit development projects (>500 units)

# Action Plan Implementation: Challenges

- Organizational culture change (policy/systems change vs. service delivery)
- Competing demands
- Establishing new partnerships
- New knowledge and skills required (implications for training and recruitment)
- Must not only engage but also influence non-health sector decisions

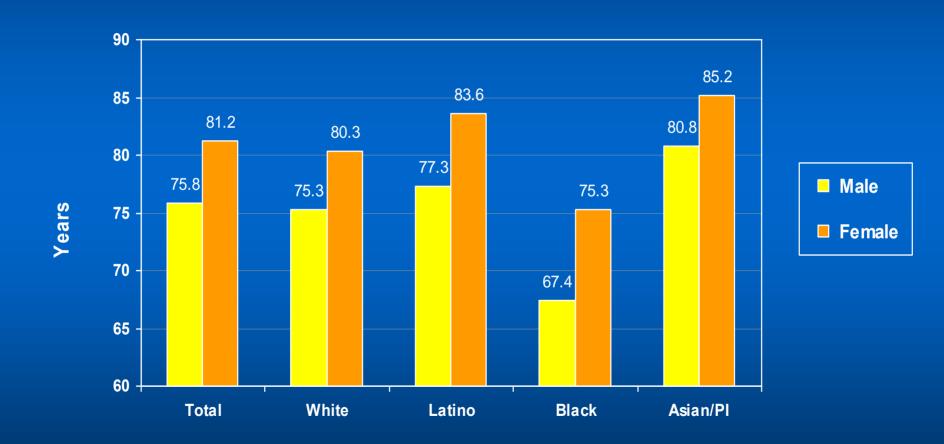
### What Does Public Health Bring to the Table?

- Health data and research
- Analytic tools
  - surveillance/tracking
  - evaluation methods
  - health impact assessment
- Credibity
  - advocacy
  - convener
- Funding (direct and indirect)

#### **Social Environment and Health**

- No action plan to date
- Work group to be established
- Difficult to conceptualize (Where are the boundaries? Who are the strategic partners?)
- Interrelated with the physical environment
- Helpful resources
  - Bay Area Regional Health Inequities Initiative (BARHII)
  - NACCHO and LHD partners ("Tackling Health Inequities Through
     Public Health Practice: A Handbook for Action." 2006)
  - Community Preventive Services Task Force (Anderson et. al., Am J Prev Med, 2003)

### Life Expectancy at Birth by Sex and Race/Ethnicity, Los Angeles County, 2000



### Prevalence\* of Self-Reported Diabetes Among Latinos, by Federal Poverty Level, Los Angeles County, 2002

Annual Household Income	No.	Prevalence	95%CI
<100 FPL	1,039	17.2%	(15.1-19.3)
100% - 199% FPL	1,008	11.4%	(9.4-13.3)
≥ 200% FPL	1,032	8.0%	(6.3-9.6)

Source: Los Angeles County Health Survey

<sup>\*</sup>Age-adjusted



RICARDO DEARATANHA Los Angeles Times

#### Something to smile about for schools

Mayor Antonio Villaraigosa, left, hugs L.A. Unified Schools Supt. David L. Brewer at Belmont High School after Monday's announcement of a \$2-million investment from the Bill & Melinda Gates Foundation and the James Irvine Foundation to strengthen Communities for Education Equality, a coalition of grass-roots groups that helps prepare high school students for college and the work world.